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# REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/801,908
Filing Date	03/09/2001
First Named Inventor	Strobel, Michael
Group Art Unit	1614
Examiner Name	Henley, R.
Attorney Docket Number	833970.0002

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I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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<input checked="" type="checkbox"/> Firm or Individual Name	John W. Ryan					
Address	Dechert LLP					
Address	1775 I Street, N.W., Suite 1100					
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Telephone	(202) 261-3375	Fax	(202) 261-3333			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	Michael Strobel
Signature	<i>Michael Strobel</i>
Date	5-23-03

NOTE: Signatures of all the investors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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Dechert LLP

Address

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City

Washington

State

DC

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Name

Michael Strobel

Signature

Michael Strobel

Date

5-23-03

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